UNITED STATES DISTRICT COURT

fc	or the					
Northern District of Ohio						
JEFF WINKELMAN Plaintiff(s) V.)))) Civil Action No.					
UNIVERSITY HOSPITALS HEALTH)))					
Defendant(s))					
SUMMONS IN A CIVIL ACTION						
To: (Defendant's name and address) UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. 11100 Euclid Avenue Cleveland, Ohio 44106						
A lawsuit has been filed against you.						
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Spitz, The Employee's Law Firm 25852 Science Park Dr., Ste 200 Beachwood, OH 44122						
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.						
	CLERK OF COURT					
Date:11/14/2023	Signature of Clerk or Deputy Clerk					

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

was rec	This summons for <i>(nare)</i>	ne of individual and title, if any) .				
	☐ I personally served	the summons on the individua	ıl at (place)			
			on (date)	; or		
	☐ I left the summons		r usual place of abode with (name)			
	-	, a person of suitable age and discretion who resides there,				
	on (date)	on (date), and mailed a copy to the individual's last known address; or				
		ons on (name of individual)	1.10.0	, who is		
	designated by law to	accept service of process on be				
			on (date)	; or		
	☐ I returned the sumr	nons unexecuted because		; or		
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00		
	I declare under penalty of perjury that this information is true.					
Date:						
			Server's signature			
			Printed name and title			
			Server's address			

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

	for the					
Northern District of Ohio						
JEFF WINKELMAN Plaintiff(s)))))					
v. UNIVERSITY HOSPITALS HEALTH	Civil Action No.))))))					
Defendant(s))					
SUMMONS I	N A CIVIL ACTION					
To: (Defendant's name and address) University Hospitals Heach c/o ACFB Incorporated 200 Public Square, Suite Cleveland, Ohio 44114	•					
A lawsuit has been filed against you.						
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Spitz, The Employee's Law Firm 25852 Science Park Dr., Ste 200 Beachwood, OH 44122						
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	This summons for (nan	ne of individual and title, if any)					
was red	ceived by me on (date)	•					
	☐ I personally served	the summons on the individual a	t (place)				
			on (date)	; or			
	☐ I left the summons	I left the summons at the individual's residence or usual place of abode with (name)					
		, a person of suitable age and discretion who resides there,					
	on (date), and mailed a copy to the individual's last known address; or I served the summons on (name of individual)						
	designated by law to a	accept service of process on behal	If of (name of organization)				
		on (date)					
	☐ I returned the sumn	nons unexecuted because		; or			
	☐ Other (specify):						
	My fees are \$	for travel and \$	for services, for a total of \$	0.00			
	I declare under penalty of perjury that this information is true.						
D /							
Date:			Server's signature				
			Printed name and title				
			Server's address				

Additional information regarding attempted service, etc: